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# Medicine and the Quality of Life

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QUALITY OF LIFE increasingly is being identified as a goal of medicine and health care. In the July issue, the editors began a forum for discussing the actual and ideal relationships between medicine and the quality of life by printing seven articles expressing differing views. The following comments were generated by those articles.

Readers are invited to take part in a continuation of this forum by submitting their comments, written as succinctly as possible. As many of these as space permits will be published in future issues. At an appropriate time all the material will be collated and, if possible, the distillate will be prepared as a statement to summarize the dialogue that has taken place.

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## Involvement in National Problems

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IT IS MY VIEW that the quality of life must be examined both from an individual and a collective viewpoint.

For the individual person, life is of high quality when it contains something to care deeply about, some internally cherished goal. The object can be a thing, a person or a cause. It can be trivial or noble. It need not be lifelong: this season's enthusiasm can be supplanted by next year's passion. Nor need it be attainable: unrequited love has remarkable staying power; indeed, achievement of a long-held dream can end in emptiness. An individual person's passion does not even have to be worthwhile in a social sense: the revenge motive can make its bearer feel intensely alive.

It is much more than just having a purpose, a rational goal. It must have an emotional content, be so deeply cherished that the person can hang on to it when the work-a-day world goes badly. It is an intensely human quality, one which undoubtedly has psychological determinants. Its opposite number is apathy, boredom, depression.

Turning from the individual person to the group, I am inclined to believe that the collective quality of life is not merely the algebraic sum of individual units, the aggregate effect of individual aspiration and apathy. The whole is different from the sum of its parts.

I suspect that there may be a collective subconscious, as some psychiatrists think, which to some degree holds sway over individual attitudes. Or perhaps there is a

social contagion through which attitudes spread and infect the group as a whole. Negative examples abound: the pervasive apathy of most geriatric nursing homes, the depressive hostility of the inner-city neighborhood, the post-Watergate cynicism and voter apathy. But there are positive examples as well. Some nursing homes are cheerful and optimistic. Some neighborhoods work together to solve problems. Great social causes sometimes capture the national fancy (the words "we shall overcome" bring to mind one example).

In this bicentennial year, it may be worthwhile to recall the energy of our pioneers, the audacity of our founding fathers, the indomitable drive of our immigrants, the 200-year national motif of striving for excellence. Lest this sound like sheer jingoism, one need only contrast the depressed atmosphere behind the iron curtain or the bland acceptance often characterizing people in the People's Republic of China.

What can the medical profession do to improve the quality of life? At the individual level, I am skeptical about a physician's chances of having much influence on an individual patient's experience of life. Only once in a blue moon do we see a patient really change his lifestyle at our behest. Certainly the physician can do nothing to *create* the passion in his patient; it is usually there or it is not. I suppose that to the degree to which we can influence a patient's health status favorably, we can create a more suitable environment for the spark to thrive in. But there is evidence that physical disability, even constant pain, can be the stress that creates or enhances the spark of life. How often we see a handicapped person filled with the zest to accomplish some goal. It can even be argued that our laudable urge to soothe, by use of tranquilizers or by ironing out peaks and valleys with lithium, may achieve the result of relieving discomfort, but at the cost of inhibiting the creative urge toward accomplishment.

It is at the collective level that I see an opportunity for the medical profession to improve the quality of life, through a process of stimulating change in public attitudes about issues. For too long we have been passive observers of the social and political scene. Our profession's posture has been one of detachment, perhaps caused by our need to be scientific and rational, maybe even our desire to have it appear that we think about things rather than care about them. Even in medical matters, we are wont to offer pros and cons instead of taking a stand. In political matters, we only get involved in those matters affecting us, and thereby end up in a reacting and self-serving posture.

My proposal is that we, the collective medical profession, should get involved in *all* the problems of the day, not only the giant issues of poverty, hunger and social injustice, but also such matters as busing, gun control and drunken driving. We should take stands on *all* issues and offer them to the public with conviction. It is my expectation that our positions will probably be sensible and will be listened to, partly because we understand the analytical, decision-making process, and partly because our everyday work makes us expert in the human condition.

To accomplish this will not be easy. Difficult positions cannot be reached through meetings of a house of delegates or by a popular vote. I would suggest formation of a national academy, admittedly an elite body, made up of physicians of intellectual breadth and practical wisdom, mostly coming from the broad practice of medicine rather than from academia. Its members, after staff research, would take a stand on issues, obviously not representing the profession's consensus, and obviously subject to individual and factional disagreement. But at least clear stands would be taken. And, just possibly, they could change public attitudes in a positive direction and thereby improve the quality of life.

Refer to: Felch WC: Involvement in national problems, *In Medicine and the quality of life—A forum*. West J Med 125: 234, Sep 1976